CLIENT INTAKE FORM
Proactive Health Maintenance
Kim Schwartz LMT

Personal Information:

Name: _____ Phone: _____ DOB: _____

Date of Initial visit: _____ How did you hear about me: _____

Address: _____

Occupation: _____ Email: _____

Emergency Contact: _____ Relation to self: _____ Phone: _____

The following information will be used to help plan safe and effective massage/bodywork sessions. Please answer questions to the best of your knowledge.

Have you had a professional massage/bodywork before? y n
If yes, how often? _____

Do you have difficulty lying on your front, back, or side? y n
If yes, please explain _____

Do you have any known allergies to lotions or oils? y n
If yes, please explain _____

Are you wearing: Contact lenses Dentures Hearing Aid

Do you sit for long hours at a workstation, computer, or driving? y n
If yes, please explain _____

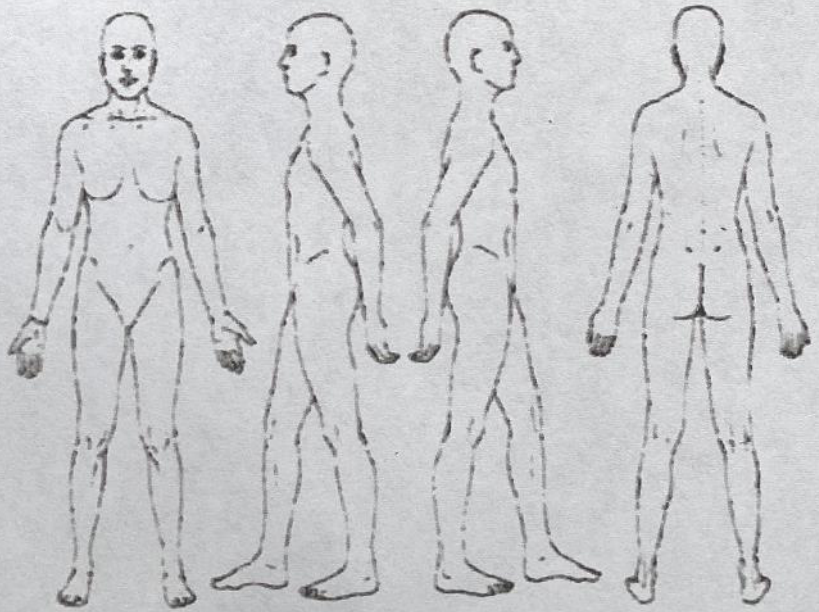
Do you perform repetitive movement in your work, sports, or hobby? y n
If yes, please describe _____

Do you experience stress in your work, family, or other aspect of your life? y n
If yes, how do you think it has affected your health?
muscle tension ( ) anxiety ( ) insomnia ( ) Irritability ( ) other _____

Is there a particular area of the body where you are experiencing tension, stiffness, pain, or other discomfort? y n
If yes, please identify _____

Do you have any specific goals for this massage/bodywork session? y n
If yes, please explain _____

Circle any specific areas you would like the therapist to concentrate on during your session.



Medical History

In order to plan a massage/bodywork session that is safe and effective, I need some general information about your medical history. Please answer thoroughly and to the best of your knowledge.

Are you currently under medical supervision: y n
If so, please explain _____

Do you see a chiropractor: y n
If yes, how often _____

Are you currently taking any prescription medication? y n
If yes, please list (Use back of page for more room) _____

Please check any conditions listed below that apply to you:

( ) contagious skin condition
( ) open sores or wounds
( ) Fibromyalgia
( ) TMJ disorder
( ) carpal tunnel syndrome
( ) tennis or golf elbow
( ) sprains/strains
( ) diabetes
( ) cancer _____
( ) allergies/sensitivity _____
( ) heart condition
( ) deep vein thrombosis
( ) easy bruising
( ) osteoporosis
( ) epilepsy/seizure
( ) recent fracture
( ) decreased sensation
( ) artificial joint _____
( ) circulatory disorder
( ) pregnancy weeks_____
( ) any type of infection
( ) blood clots
( ) varicose/spider veins
( ) recent accident/injury
( ) back/neck problems
( ) headaches/migraines
( ) recent surgeries _____
( ) current fever
( ) swollen glands
( ) joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis _____

Please explain further any conditions marked above: _____

Is there anything else about your health history that you think would be useful for your holistic health practitioner to know to plan a safe and effective massage/bodywork session for you? _____
_____

Client under the age of 16 must be accompanied by a parent or guardian during the entire session. Informed written consent must be provided by parent/legal guardian for any client under the age of 18.

I, _____, (print name) understand that all the massage/bodywork sessions I receive are therapeutic in nature and are provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain, discomfort, or draping issues during this session, I will immediately inform the therapist so that the pressure and/or strokes or draping may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that the therapist is not qualified to perform spinal or skeletal adjustment, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. I am aware that the appointments may be rescheduled or cancelled up to 24 hours prior to the scheduled session with no charge. However, should I reschedule or cancel with less than a 24 hour notice (barring emergency or illness) **I will be charged the full price of the scheduled session.**

Signature of client _____ Date: _____
or parent/legal guardian should the client be under the age of 18

Signature of therapist _____ Date: _____